

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12552

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. *791*  
(b) Township..... Primary Registration District No. *1003*  
(c) City *St. Louis Mo* (d) Street No. *1610 rear Carr* St. *630*  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

MRS. Lena Morehead  
(a) Residence, No. *1610 rear Carr* St. *25* (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lena Morehead*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *4/1/1888*

7. AGE 51 YEARS MONTHS *none* DAYS *none* If LESS than 1 day, 1 hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *housework*

9. Industry or business in which work was done, as saw mill, bank, etc. *housework*

10. Date deceased last worked at this occupation (month and year) *3/28/38* 11. Total time (years) spent in this occupation *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monroe La.*

13. NAME *H. W. Howard*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Columbus La.*

15. MAIDEN NAME *Sarah Johnson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alamo*

17. INFORMANT (ADDRESS) *Mrs. Pearl Butler 207 146 Grand Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *4/1/38*

19. FUNERAL DIRECTOR (ADDRESS) *A. L. Adams 207 Biddle St.*

20. FILED *APR 4 1938* *J. F. Bredeck* Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/28/38* 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at *10:05 A.M.*

The principal cause of death and related causes of importance were as follows:

*Chronic Myocarditis.*  
*Chronic Parenchymatous Nephritis.*  
*Diffuse Arteriosclerosis.*

Date of onset

Other contributory causes of importance: *1/2/1*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No.*

If so, specify *Alfred J. Perry* M.D.

(Signed) *Alfred J. Perry* M.D.

(Address) *Deputy Registrar*

STATEMENT BY LICENSED EMBALMER

I, Raymond E. Gilbrke Licensed Embalmer No. 3985

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Raymond E. Gilbrke  
Licensed Embalmer No. 3985

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**